

January 31, 2018

Margaret M. Fox

pfox@mcnair.net T 803.799.9800 F 803.753.3278

Ms. Jocelyn Boyd Chief Clerk and Administrator South Carolina Public Service Commission Synergy Business Park, The Saluda Building 101 Executive Center Drive Columbia, South Carolina 29210

Re: Annual Lifeline Customer Recertification: FCC Form 555

Docket No. 2014-43-C

Dear Ms. Boyd:

Enclosed for filing on behalf of the South Carolina Telephone Coalition companies and affiliated eligible telecommunications carriers ("ETCs") (see attached list), please find a copy of FCC Form 555. Federal Communications Commission ("FCC") regulations require all ETCs to file FCC Form 555 on an annual basis with the FCC, the Administrator of the Universal Service Administrative Company ("USAC"), and the relevant state commission to report the results of their annual Lifeline Customer Recertifications. *See* 47 C.F.R. § 54.416.

While the FCC rules state that a copy of these results must be provided to the state commission, the Commission is not required or asked to take any action at this time. Therefore, we are providing these forms for information purposes only. We are also providing a copy to the Office of Regulatory Staff, as Administrator of the Lifeline program in South Carolina.

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me.

Very truly yours,

McNAIR LAW FIRM, P.A.

Margaret M. Fox

MMF:khh Enclosures

cc: Christopher Rozycki, Director - Telecommunications, ORS

McNAIR LAW FIRM, P.A. 1221 Main Street Suite 1800

Columbia, SC 29201

Mailing Address Post Office Box 11390 Columbia, SC 29211

mcnair.net

1139247v5

BLUFFTON CHARLESTON CHARLOTTE COLUMBIA GREENVILLE HILTON HEAD MYRTLE BEACH

Ms. Jocelyn Boyd January 31, 2018 Page 2



South Carolina Telephone Coalition Member Companies and Affiliated ETCs

Bluffton Telephone Company, Inc.

Chesnee Telephone Company

Chester Telephone Company, d/b/a TruVista

Comporium, Inc. (f/k/a Rock Hill Telephone Company)

Farmers Telephone Cooperative, Inc.

FTC Communications LLC

Ft. Mill Telephone Company, d/b/a Comporium

Hargray Telephone Company, Inc.

Home Telephone ILEC, LLC d/b/a Home Telecom

Horry Telephone Cooperative, Inc.

Lancaster Telephone Company, d/b/a Comporium

Lockhart Telephone Company, d/b/a TruVista

McClellanville Telephone Company (TDS)

Norway Telephone Company (TDS)

Palmetto Rural Telephone Cooperative, Inc.

Palmetto Telephone Communications

Piedmont Rural Telephone Cooperative, Inc.

PBT Telecom, d/b/a Comporium

Ridgeway Telephone Company, d/b/a TruVista

Sandhill Telephone Cooperative, Inc.

St. Stephen Telephone Company (TDS)

West Carolina Rural Telephone Cooperative, Inc.

Williston Telephone Company (TDS)

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240512		143001510
Study Area Code (SAC) (An Eligible Telecommunicate)		Service Provider Identification Number (SPIN) rertification form for each SAC through which it provides Lifeline service).
2017	SC	Bluffton Telephone Company
Recertification Year	State	ETC Name
N/A		HARGRAY COMMUNICATIONS GROUP INC
		Holding Company Name
DBA, Marketing, or Otl (If same as ETC name, list "N	(A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do not leave blank)
es the reporting compa vide a list of all ETCs that are	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? In affiliated with the reporting ETC, is section 3(2) of the Communications A	
es the reporting compa vide a list of all ETCs that are trimined in accordance with Se is or controls, is owned or con	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? In affiliated with the reporting ETC, is section 3(2) of the Communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No No (1) using page 4 and additional sheets if necessary. Affiliation shall be let. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🗿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AR
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	0	3	1	3	1	0	8
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	3	1	3	1	0	8

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	3	1	3	1	0	8

Subscribers who failed to recertify through ETC direct outreach attempt

Report	the number	of Lifeline s	ubscribers de	e-enrolled du	e to meligibi	lity or non-re	esponse to the	e ETC's outr	each attempt				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	3	1	3	1	0	8

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

ſ		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J.	Name of th	rd party administi	rator used to veril	y subscriber	eligibility:
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K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initia	1

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	AR

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100		
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled		
0	8	0.0%		

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Andrew Rein, CFO
Signature of Officer
andrew.rein@htc.hargray.com
Email Address of Officer
Cissy Zareva

Person Completing This Certification Form

Andrew Rein, CFO

Printed Name and Title of Officer

Jan 30, 2018

Date

8436861256

Contact Phone Number

Affiliated ETCs

SAC	Nama
SAC	Name
240523	Hargray Telephone Co. Inc.
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Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240515		143001511
Study Area Code (SAC (An Eligible Telecommunicate		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2017	SC	Chesnee Telephone Company Inc
Recertification Year	State	ETC Name
N/A		
		Holding f 'assessment' Massa
DBA, Marketing, or Ot. (If same as ETC name, list "N	/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "No Does the reporting compa rovide a list of all ETCs that are elermined in accordance with So	A" Do not leave blank) any have affiliated ETCs? affiliated with the reporting ETC ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No O C, using page 4 and additional sheets if necessary. Affiliation shall be
(If same as ETC name, list "No Does the reporting compa rovide a list of all ETCs that are elermined in accordance with So was or controls, is owned or con	A" Do not leave blank) any have affiliated ETCs? affiliated with the reporting ETC ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No O C, using page 4 and additional sheets if necessary. Affiliation shall be as Act. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CR
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	CR

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Α.	0	0	0	0	0	0	5	13	25	10	9	6	68
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	5	13	25	10	9	6	68

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I. 0	0	0	0	0	0	5	13	25	10	9	6	68

J. Name of third party administrator used to verify subscriber eligibility:

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K	0	0	0	0	0	0	2	9	14	7	4	4	40

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	3	4	11	3	5	2	28

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

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Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	CR

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M == (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
40	68	58.82%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Cindy Rothstein, Executive Director o
Signature of Officer
cindy.rothstein@skyline.org
Email Address of Officer

Sue Davis
Person Completing This Certification Form

Cindy Rothstein, Executive Direc

Printed Name and Title of Officer Jan 25, 2018

Date

3368766154

Contact Phone Number

Affiliated ETCs

SAC	· · · · · · · · · · · · · · · · · · ·	Name
5.2.2.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	230501	Skyline Telephone Membership Corporation
		Olymo Poliproto tropisolomp Corporation

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Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240516		143001512					
Study Area Code (SAC) (An Eligible Telecommunical)		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).					
017 SC		Chester Telephone Company					
Recertification Year	State	ETC Name					
TruVista		N/A					
DBA, Marketing, or Oth (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)					
(If same as ETC name, list "N							
(If same as ETC name, list "Notes the reporting comparting compart	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications.	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be					
es the reporting compa vide a list of all ETCs that are rmined in accordance with So s or controls, is owned or con	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications.	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly)					

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DHB
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

 $Initial_DHB$

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	9	12	13	15	23	29	101
В.	0	0	0	0	0	0	1	1	3	1	1	1	8
C.	0	0	0	0	0	0	8	11	10	14	22	28	93

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F	0	0	0	0	0	0	8	11	10	14	22	28	93

Subscribers who failed to recertify through ETC direct outreach attempt

Report	the number	of Lifeline s	ubscribers de	e-enrolled du	e to meligibi	lity or non-re	esponse to th	e ETC's outr	each attempt				
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	1	1	1	1	1	3	8

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	7	10	9	13	21	25	85

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J.	Name of thi	rd party	administrator	used to	verify s	subscriber	eligibilit	y:
----	-------------	----------	---------------	---------	----------	------------	------------	----

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial

4

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	DHB	
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Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
8	93	8.6%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

David H Brunt EVP & CFO
Signature of Officer
dbrunt@truvista.biz
Email Address of Officer

David H Brunt EVP & CFO

Printed Name and Title of Officer Jan 30, 2018

Date

Contact Phone Number

Person Completing This Certification Form

Affiliated ETCs

SAC		Name	
	240532		Lockhart Telephone Company Ridgeway Telephone Company
	240541		Ridgeway Telephone Company
***		1	
		 	
		 	
		1	
		1	

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Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

arrier (ETC) must provide a ceri C ate	Service Provider Identification Number (SPIN) fification form for each SAC through which it provides Lifeline service). Comporium Inc. ETC Name
	•
ate	ETC Name
	COMPORIUM INC
	Yes O No O
3(2) of the Communications Act.	ng page 4 and additional sheets if necessary. Affiliation shall be That Section defines "affiliate" as "a person that (directly or indirectly ship or control with, another person." 47 U.S.C. § 153(2). See also 47
	Affiliated ETC's Name
- i	3(2) of the Communications Act.

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CGL
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial CGL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	15	24	29	25	21	41	155
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	15	24	29	25	21	41	155

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	15	24	29	25	21	41	155

J.	Name of third p	arty adminis	trator used to	verify	subscriber	eligibility
----	-----------------	--------------	----------------	--------	------------	-------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

Г	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	5	14	12	9	8	10	58

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	10	10	17	16	13	31	97

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
initiai	

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	CGL	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
58	155	37.41%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Greg Lunsford, Vice President-Regula

Signature of Officer

greg.lunsford@comporium.com

Email Address of Officer

Tara Thomas

Person Completing This Certification Form

Greg Lunsford, Vice President-R

Printed Name and Title of Officer

Jan 17, 2018

Date

803-326-6501

Contact Phone Number

Affiliated ETCs

SAC	Name
240521	Fort Mill Telephone Company
240531	Lancaster Telephone Company
230473	Citizens Telephone Company
240539	PBT Telecom Inc.
240339	

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240520		143006909			
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a cer		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).			
2017	SC	Farmers Telephone Cooperative Inc.			
Recertification Year State		ETC Name			
N/A		FARMERS TELEPHONE COOPERATIVE INC			
DBA, Marketing, or Oth (If same as ETC name, list "No		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)			
es the reporting compa vide a list of all ETCs that are trained in accordance with So	any have affiliated ETCs? e affiliated with the reporting ETC, ection 3(2) of the Communications	Yes No No Louising page 4 and additional sheets if necessary. Affiliation shall be			
es the reporting compa vide a list of all ETCs that are rmined in accordance with So is or controls, is owned or con	any have affiliated ETCs? e affiliated with the reporting ETC, ection 3(2) of the Communications	Yes No No Washing page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly)			

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	JLL
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	JLL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	13	42	43	38	42	42	220
B.	0	0	0	0	0	0	1	3	4	1	2	3	14
C.	0	0	0	0	0	0	12	39	39	37	40	39	206

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	12	39	39	37	40	39	206

J. I	Name of third	party administrator	used to verif	subscriber	eligibility:
------	---------------	---------------------	---------------	------------	--------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	5	20	18	14	18	13	88

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	7	19	21	23	22	26	118

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
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Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	JLL

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
88	206	42.71%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	
Jeffrey L Lawrimore	
Signature of Officer	
lawrimoj@ftc.org	
Email Address of Officer	_
Person Completing This Certification Form	-

Jeffrey L Lawrimore
Printed Name and Title of Officer
Jan 25, 2018

Date

Contact Phone Number

Affiliated ETCs

SAC	Name
249002	FTC Communications LLC
249002	1 10 Communications ELO
	And the second s

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

249002		143003921
Study Area Code (SAC (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service).
2017	SC	FTC Communications LLC
Recertification Year	State	ETC Name
N/A		Farmers Telephone Cooperative, Inc.
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N	/A" Do <u>not</u> leave blank)	
es the reporting compa vide a list of all ETCs that are	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, usection 3(2) of the Communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No as No Affiliation shall be
es the reporting compa vide a list of all ETCs that are ermined in accordance with So as or controls, is owned or con	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, usection 3(2) of the Communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No local Ising page 4 and additional sheets if necessary. Affiliation shall be ct. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	GDA
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial GDA

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	0	0	1	0	0	1	2
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	1	0	0	1	2

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

Γ	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
E	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

ſ	•	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
ľ	Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Ė	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	1	0	0	1	2

J.	Name of third	party a	administrator	used to	verify	subscriber	eligibility:
----	---------------	---------	---------------	---------	--------	------------	--------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	1	0	0	1	2

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initia	1

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	GDA	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	2	0.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Guy Dent Adams, Jr COO Subsidiaire Signature of Officer

Adamsd@ftc.org

Email Address of Officer

Sandra Moore

Person Completing This Certification Form

Guy Dent Adams, Jr COO Subs

Printed Name and Title of Officer

Jan 25, 2018

Date

843-382-1313

Contact Phone Number

Affiliated ETCs

SAC		Name
	240520	Farmers Telephone Cooperative Inc.
	WHAT A COLUMN ASSESSMENT ASSESSME	
	1444	
		<u> </u>

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240521		143001515				
Study Area Code (SAC (An Eligible Telecommunicat		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service				
2017	SC	Fort Mill Telephone Company ETC Name COMPORIUM INC Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) CS? Yes No PCS? No PCS. No PCS				
Recertification Year	State	ETC Name				
N/A		COMPORIUM INC				
DRA Marketing or Ot	her Branding Name	Holding Company Name				
DBA, Marketing, or Ot (If same as ETC name, list "N		(If same as ETC name, list "N/A" Do not leave blank)				
(If same as ETC name, list "Note that the reporting company to the reporting company to the list of all ETCs that are the rmined in accordance with States."	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be				
es the reporting compa wide a list of all ETCs that ar rmined in accordance with Si s or controls, is owned or con	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No No using page 4 and additional sheets if necessary. Affiliation shall be the same of t				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No lo

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CGL
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	CGL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	2	4	3	3	1	6	19
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	2	4	3	3	1	6	19

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to incligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	2	4	3	3	1	6	19

J.	Name of third pa	arty administrator u	sed to v	erify subsc	riber eligibility
----	------------------	----------------------	----------	-------------	-------------------

USAC

Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	1	2	1	0	3	7

Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	2	3	1	2	1	3	12

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initia	1	
Initia	1	

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

CGL	
	CGL

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
7	19	36.84%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Greg Lunsford, Vice President-Regula

Signature of Officer

greg.lunsford@comporium.com

Email Address of Officer

Tara Thomas

Person Completing This Certification Form

Greg Lunsford, Vice President-R

Printed Name and Title of Officer

Jan 17, 2018

Date

803-326-6501

Contact Phone Number

Affiliated ETCs

SAC	I Na	ame
240542		Comporium Inc.
240531		Lancaster Telephone Company
230473		Citizens Telephone Company
240539		PBT Telecom Inc.
The state of the s		

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240523		143001516		
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).		
2017 SC		Hargray Telephone Co. Inc.		
Recertification Year	State	ETC Name		
N/A		HARGRAY COMMUNICATIONS GROUP INC		
DBA, Marketing, or Oth		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
DBA, Marketing, or Otl (If same as ETC name, list "No				
DBA, Marketing, or Otl (If same as ETC name, list "No es the reporting compa vide a list of all ETCs that are rmined in accordance with St	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications.	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be		
DBA, Marketing, or Otl (If same as ETC name, list "No es the reporting compa vide a list of all ETCs that are rmined in accordance with So s or controls, is owned or con	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications.	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly,		

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AR
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	AR

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	1	0	1	0	1	0	3
B.	0	0	0	0	0	0	1	0	0	0	1	0	2
C.	0	0	0	0	0	0	0	0	1	0	0	0	1

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	1	0	0	0	1

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

ſ		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	Н.	0	0	0	0	0	0	0	0	1	0	0	0	1

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Ė	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J.	Name of	third	party	administrator	used to	verify s	ubscriber	eligibility:
----	---------	-------	-------	---------------	---------	----------	-----------	--------------

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

T T	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

Cop or	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	AR	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

-

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	1	0.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Andrew Rein, CFO
Signature of Officer
andrew.rein@htc.hargray.com
Email Address of Officer
Cissy Zareva

Person Completing This Certification Form

Andrew Rein, CFO
Printed Name and Title of Officer
Jan 30, 2018

Date

843-686-1256

Contact Phone Number

Affiliated ETCs

SAC		Name	
	240512		Bluffton Telephone Company
		 	
			August Au
	A Managary Transfer of the Control o		
		†	
			And the state of t
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		I	

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240527		143001519 Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service)				
Study Area Code (SAC (An Eligible Telecommunicat						
2017	SC	Home Telephone ILEC LLC				
Recertification Year	State	ETC Name				
N/A		HOME TELEPHONE COMPANY INC				
DBA, Marketing, or Ot (If same as ETC name, list "No	her Branding Name /A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)				
(If same as ETC name, list "N	her Branding Name /A" Do <u>not</u> leave blank) nny have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank)				
(If same as ETC name, list "Note that the same as ETC name, list "Note that are the same as ETC at the same as ETC at the same armined in accordance with S	A" Do <u>not</u> leave blank) Any have affiliated ETCs? The affiliated with the reporting ET (section 3(2) of the Communication)	(If same as ETC name, list "N/A" Do not leave blank)				
es the reporting compa vide a list of all ETCs that are ermined in accordance with S as or controls, is owned or con	A" Do <u>not</u> leave blank) Any have affiliated ETCs? The affiliated with the reporting ET (section 3(2) of the Communication)	(If same as ETC name, list "N/A" Do not leave blank) Yes No No TC, using page 4 and additional sheets if necessary. Affiliation shall be one Act. That Section defines "affiliate" as "a person that (directly or indirectly)				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🙆

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DVT
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	dvt

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	6	6	5	10	28	34	89
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	6	6	5	10	28	34	89

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database

Report	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

 E. Name of the data source(s) used to verify cor 	sumer eligibility:
--	--------------------

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

rtepo.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

Subscribers who failed to recertify through ETC direct outreach attempt

10 to 1 to 1 to 10 of 10 ffeet an many many

Report	the number	of Lifeline si	ubscribers de	enrolled du	e to ineligibi	lity or non-re	esponse to the	e ETC's outr	reach attemp	τ.	- -	,	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Γ	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	6	6	5	10	28	34	89

J.	Name of third	party	administrator	used to	verify	subscriber	eligibility
----	---------------	-------	---------------	---------	--------	------------	-------------

USAC

Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

T.Cjoi.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	3	5	5	6	17	19	55

Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

٠	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	3	1	0	4	11	15	34

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
---------	--

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	dvt

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
55	89	61.79%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Denny Thompson, Director Administr

Signature of Officer

Denny.Thompson@hometelco.co

Email Address of Officer

Denny Thompson

Person Completing This Certification Form

Denny Thompson, Director Admi

Printed Name and Title of Officer

Jan 25, 2018

Date

843-761-9173

Contact Phone Number

Affiliated ETCs

SAC	Name
	1

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240528		143001520
Study Area Code (SAC (An Eligible Telecommunica		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2017	sc	Horry Telephone Cooperative Inc.
Recertification Year	State	ETC Name
N/A DBA, Marketing, or Or (If same as ETC name, list "N	ther Branding Name I/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Or (If same as ETC name, list "Nees the reporting companies the list of all ETCs that are printed in accordance with States."	WA" Do not leave blank) any have affiliated ETCs? re affiliated with the reporting ET Section 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No (If same as ETC name, list "N/A" Do not leave blank) Yes (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Or (If same as ETC name, list "Nees the reporting companies the list of all ETCs that are printed in accordance with States."	WA" Do not leave blank) any have affiliated ETCs? re affiliated with the reporting ET Section 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No
DBA, Marketing, or Of (If same as ETC name, list "Nees the reporting composition a list of all ETCs that are remined in accordance with Same or controls, is owned or co	WA" Do not leave blank) any have affiliated ETCs? re affiliated with the reporting ET Section 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No (If same as ETC name, list "N/A" Do not leave blank) Yes (If same as ETC name, list "N/A" Do not leave blank)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q 11
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	
April	0
May	
June	0 10 10 10 10 10 10 10 10 10 10 10 10 10
July	0
August	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
September	0
October	0
November	0 12 2 2 2 2 2 2 2
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CL		
Initial			

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	CL	

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr :	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	37	41	46	44	31	44	243
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	37	41	46	44	31	44	243

Recertification Methods

State of federal database

Subscribers recertified through ETC access to state or federal database by anniversary month

Kep	ort the number	of eligible st	ioscilocis ve	annough		State of Teac.					3 Y	Dag	Year
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
	Oun	100		F									Total
1		 							_		^	2	^
D.	\cap	1 0	1 0	1 0	0	0	0	0	0	0	U	U	U

Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	37	41	46	44	31	44	243

G. Subscribers who failed to recertify through ETC direct outreach attempt

Repor	t the number of	of Lifeline su	ibscribers de	-enrolled due	to ineligibil	ity or non-re	sponse to the	EIC's outre	each attempt		T		* 7
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year
1	"	2 0.0				A 4 1.5			- 1				Total
G.	0	0	0	0	0	0	15	6	12	12	9	13	67

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

Ī		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I	H.	0	0	0	0	0	0	22	35	34	32	22	31	176

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

ſ		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J.	Name of	third party	administrator	used to	verify su	bscriber	eligibility:
		1. 2					

Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

ĺ	Срои	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
l	K.	0	0	0	0	0	0	0	0	0	0	0	0	0

Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

r	epor	I the number	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
1	L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recermication Method. E.I.C.	Recei	rtification	Method:	ETC
------------------------------	-------	-------------	---------	------------

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	CL	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	$\mathbf{N} = (\mathbf{D} + \mathbf{F} + \mathbf{I})$	O = M/N*100			
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled			
67	243	27.57%			

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	
Carlton Lewis, CFO	
Signature of Officer	
carlton.lewis@htcinc.net	
Email Address of Officer	
Joni Jordan	
Person Completing This Certification	on Form

Carlton Lewis, CFO
Printed Name and Title of Officer
Jan 24, 2018
Date
8433698138
Contact Phone Number

Affiliated ETCs

	SAC	Name

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240531		143001521			
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a co		Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).			
2017	SC	Lancaster Telephone Company			
Recertification Year	State	ETC Name			
N/A		COMPORIUM INC			
DBA, Marketing, or Ot (If same as ETC name, list "No		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)			
(If same as ETC name, list "N					
(If same as ETC name, list "Notes the reporting company vide a list of all ETCs that arrownined in accordance with St	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, is a section 3(2) of the Communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No \O using page 4 and additional sheets if necessary. Affiliation shall be			
es the reporting compa vide a list of all ETCs that armined in accordance with So s or controls, is owned or con	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, is a section 3(2) of the Communications A	(If same as ETC name, list "N/A" Do not leave blank) Yes No No No No No No No No No N			

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🙆

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CGL
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	CGL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	18	19	21	19	11	33	121
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	18	19	21	19	11	33	121

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

1	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

1. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Ė	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	18	19	21	19	11	33	121

J.	Name of third	party administrator	used to veri	fy subscriber	eligibility
----	---------------	---------------------	--------------	---------------	-------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	6	5	8	7	1	15	42

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	12	14	13	12	10	18	79

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

|--|

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	CGL

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
42	121	34.71%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Greg Lunsford, Vice President-Regula

Signature of Officer

greg.lunsford@comporium.com

Email Address of Officer

Tara Thomas

Person Completing This Certification Form

Greg Lunsford, Vice President-R

Printed Name and Title of Officer

Jan 17, 2018

Date

803-326-6501

Contact Phone Number

Affiliated ETCs

SAC	Name
240542	Comporium Inc.
240521	Fort Mill Telephone Company
240539	PBT Telecom Inc.
230473	Citizens Telephone Company
230473	Onizona Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240532		143001522
Study Area Code (SAC) (An Eligible Telecommunicate)	•	Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2017	SC	Lockhart Telephone Company
Recertification Year	State	ETC Name
TruVista		CHESTER TELEPHONE COMPANY
DBA, Marketing, or Otl (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "N	/A" Do <u>not</u> leave blank)	
es the reporting compa vide a list of all ETCs that are trimined in accordance with Se as or controls, is owned or cor	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications.	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be
(If same as ETC name, list "Notes the reporting compaction of a list of all ETCs that are summed in accordance with Section 18	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ETC, ection 3(2) of the Communications.	(If same as ETC name, list "N/A" Do not leave blank) Yes No using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DHB
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial DHB

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	0	0	0	0	1	0	1
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	0	0	0	1	0	1

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	1	0	1

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	1	0	1

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J. 1	Name of th	hird party	administrator	used to	verify	subscriber	eligibility:
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K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	DHB

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
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No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	1	0.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, David H Brunt EVP & CFO Signature of Officer dbrunt@truvista.biz Email Address of Officer Person Completing This Certification Form

David H Brunt EVP & CFO
Printed Name and Title of Officer
Jan 30, 2018
Date

Contact Phone Number

Affiliated ETCs

SAC Name	1
240516 C	hester Telephone Company
	4 MARIAN CO
	to the state of th

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240533		143001523					
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) de a certification form for each SAC through which it provides Lifeline service).					
2017	SC	McClellanville Telephone Company Inc.					
Recertification Year	State	ETC Name					
N/A		TDS Telecommunications Corporation					
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)					
(If same as ETC name, list "N.		(If same as ETC name, list "N/A" Do not leave blank)					
es the reporting comparies a list of all ETCs that are	A" Do <u>not</u> leave blank) Iny have affiliated ETCs e affiliated with the reporting E ection 3(2) of the Communicati	(If same as ETC name, list "N/A" Do not leave blank) s? Yes No ETC, using page 4 and additional sheets if necessary. Affiliation shall be					
es the reporting compa vide a list of all ETCs that ar rmined in accordance with S s or controls, is owned or co	A" Do <u>not</u> leave blank) Iny have affiliated ETCs e affiliated with the reporting E ection 3(2) of the Communicati	(If same as ETC name, list "N/A" Do not leave blank) s? Yes No ETC, using page 4 and additional sheets if necessary. Affiliation shall be ions Act. That Section defines "affiliate" as "a person that (directly or indirectly)"					

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No 10

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AKM
Initial	***************************************

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial AKM

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	1	1	0	2	1	0	5
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	1	1	0	2	1	0	5

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

1. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	1	1	0	2	1	0	5

J.	Name of third par	ty administratoi	used to	verify s	subscriber	eligibility:
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USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	1	1	0	2	1	0	5

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

|--|

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial AKM

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	5	0.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Amanda Moore, Assistant Treasurer

Signature of Officer

amanda.moore@tdstelecom.com

Email Address of Officer

Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treas

Printed Name and Title of Officer

Jan 31, 2018

Date

608.664.2415

Contact Phone Number

	ecommunications LLC Affiliates
SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland & St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
100034	The West Penobscot Telephone and Telegraph Company
109002	U.S. Cellular
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company, Inc.
123321	Hollis Telephone Company, Inc.
129002	NH #1 Rural Cellular, Inc. (U.S. Cellular)
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company, Inc.
150089	Deposit Telephone Company, Inc.
150092	Edwards Telephone Company, Inc.
150114	Oriskany Falls Telephone Corporation
150118	Port Byron Telephone Company
150129	Township Telephone Company, Inc.
150133	Vernon Telephone Company, Inc.
170183	Mahanoy & Mahantango Telephone Company
170206	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190253	Virginia Telephone Company
193029	New Castle Telephone Co.
209005	Hardy Cellular Telephone Company (U.S. Cellular)
210338	Quincy Telephone Company (FL)
220338	Quincy Telephone Company (GA)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company, Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Wilmington Cellular Telephone Company
240533	McClellanville Telephone Company, Inc.
240535	Norway Telephone Co. Inc
240544	St. Stephen Telephone Company
240551	Williston Telephone Company
250284	Butler Telephone Company, Inc.
250311	Oakman Telephone Company, Inc.
250314	Peoples Telephone Company, Inc.
260411	Leslie County Telephone Company
260412	Lewisport Telephone Co.

260447	Colom Tolonhono Co
260417	Salem Telephone Co.
280448	Calhoun City Telephone Company, Inc.
283301	Southeast Mississippi Telephone Company, Inc.
287449	Myrtle Telephone Company, Inc.
290559	Concord Telephone Exchange, Inc
290566	Humphreys County Telephone Company
290575	Tennessee Telephone Company
290578	Tellico Telephone Company, Inc.
299010	United States Cellular Operating Company of Knoxville
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communications Corporation of Michigan
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company, Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro, Inc.
320778	Home Telephone Company, Inc.
320788	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320816	S & W Telephone Company, Inc.
320829	Tipton Telephone Company, Inc.
320830	Tri-County Communications Corporation
320837	West Point Telephone Company
330844	Badger Telecom, LLC
330849	Black Earth Telephone Company, LLC.
330851	Bonduel Telephone Company, LLC.
330856	Burlington, Brighton & Wheatland Telephone Company, LLC
330859	Central State Telephone Company, LLC
330875	Dickeyville Telephone, LLC
330880	The Farmers Telephone Company, LLC
330881	Mid-Plains Telephone, LLC
330909	Midway Telephone Company, LLC
330914	EastCoast Telecom of Wisconsin, LLC
330915	Mosinee Telehphone Company
330917	Mt. Vernon Telephone Company, LLC
330930	Grantland Telecom, LLC
330943	Riverside Telecom, LLC
330945	Scandinavia Telephone Company, LLC
330952	Southeast Telephone Co. of Wisconsin, LLC
330954	Stockbridge & Sherwood Telephone Company, LLC
330955	State Long Distance Telephone Company

330958 Tenney Telephone Company, LLC 330963 Utelco, LLC. 330968 Waunakee Telephone Company, LLC. 339007 United States Cellular Operating Company, LLC 359016 Farmers Cellular Telephone Company, Inc. (U.S. Cellular) 361350 Arvig Telephone Company 361362 Bridge Water Telephone Co. 361413 KMP d/b/a Mid-State Telephone Company 361507 Winsted Telephone Company 361507 Winsted Telephone Company 361507 Winsted Telephone Company 361507 Winsted Telephone Company 431984 Oklahoma Communication Systems, Inc. 432010 Mid-America Telephone, Inc. 452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542323 Winterhaven Telephone Company		
330968 Waunakee Telephone Company, LLC. 339007 United States Cellular Operating Company, LLC 359016 Farmers Cellular Telephone Company, Inc. (U.S. Cellular) 361350 Arvig Telephone Company 361362 Bridge Water Telephone Co. 361413 KMP d/b/a Mid-State Telephone Company 361507 Winsted Telephone Company 361507 Winsted Telephone Company 431984 Oklahoma Communication Systems, Inc. 432010 Mid-America Telephone, Inc. 452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company (WA) 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company 529001 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company	330958	Tenney Telephone Company, LLC
339007 United States Cellular Operating Company, LLC 359016 Farmers Cellular Telephone Company, Inc. (U.S. Cellular) 361350 Arvig Telephone Company 361362 Bridge Water Telephone Co. 361413 KMP d/b/a Mid-State Telephone Company 361433 Mid-State Telephone Company 361507 Winsted Telephone Company 431984 Oklahoma Communication Systems, Inc. 432010 Mid-America Telephone, Inc. 452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company (WA) 522404 Asotin Telephone Company, Inc. 522404 McDaniel Telephone Company 529001 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company	330963	Utelco, LLC.
359016 Farmers Cellular Telephone Company, Inc. (U.S. Cellular) 361350 Arvig Telephone Company 361362 Bridge Water Telephone Co. 361413 KMP d/b/a Mid-State Telephone Company 361433 Mid-State Telephone Company 361507 Winsted Telephone Company 431984 Oklahoma Communication Systems, Inc. 432010 Mid-America Telephone, Inc. 452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company (WA) 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company 529001 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company	330968	Waunakee Telephone Company, LLC.
361350 Arvig Telephone Company 361362 Bridge Water Telephone Co. 361413 KMP d/b/a Mid-State Telephone Company 361433 Mid-State Telephone Company 361507 Winsted Telephone Company 431984 Oklahoma Communication Systems, Inc. 432010 Mid-America Telephone, Inc. 432171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company 529001 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company	339007	United States Cellular Operating Company, LLC
361362 Bridge Water Telephone Co. 361413 KMP d/b/a Mid-State Telephone Company 361433 Mid-State Telephone Company 361507 Winsted Telephone Company 431984 Oklahoma Communication Systems, Inc. 432010 Mid-America Telephone, Inc. 452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company 529001 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company	359016	Farmers Cellular Telephone Company, Inc. (U.S. Cellular)
361413 KMP d/b/a Mid-State Telephone Company 361433 Mid-State Telephone Company 361507 Winsted Telephone Company 431984 Oklahoma Communication Systems, Inc. 432010 Mid-America Telephone, Inc. 452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company	361350	Arvig Telephone Company
Mid-State Telephone Company Winsted Telephone Company Oklahoma Communication Systems, Inc. Mid-America Telephone, Inc. Arizona Telephone Company Southwestern Telephone Company Delta County Tele-Comm, Inc. Strasburg Telephone Company Potlatch Telephone Company, Inc. Strasburg Telephone Company, Inc. Strasburg Telephone Company, Inc. Lewis River Telephone Company, Inc. McDaniel Telephone Company McDaniel Cellular Telephone Company (U.S. Cellular) Asotin Telephone Company (OR) USCOC of Oregon RSA #5, Inc. (U.S. Cellular) Happy Valley Telephone Company Hornitos Telephone Company Hornitos Telephone Company	361362	Bridge Water Telephone Co.
361507 Winsted Telephone Company 431984 Oklahoma Communication Systems, Inc. 432010 Mid-America Telephone, Inc. 452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company	361413	KMP d/b/a Mid-State Telephone Company
431984 Oklahoma Communication Systems, Inc. 432010 Mid-America Telephone, Inc. 452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company	361433	Mid-State Telephone Company
432010 Mid-America Telephone, Inc. 452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	361507	Winsted Telephone Company
452171 Arizona Telephone Company 452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company	431984	Oklahoma Communication Systems, Inc.
452174 Southwestern Telephone Company 462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	432010	Mid-America Telephone, Inc.
462184 Delta County Tele-Comm, Inc. 462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	452171	Arizona Telephone Company
462207 Strasburg Telephone Company 472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	452174	Southwestern Telephone Company
472230 Potlatch Telephone Company, Inc. 522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	462184	Delta County Tele-Comm, Inc.
522404 Asotin Telephone Company (WA) 522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	462207	Strasburg Telephone Company
522427 Lewis River Telephone Company, Inc. 522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	472230	Potlatch Telephone Company, Inc.
522430 McDaniel Telephone Company 529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	522404	Asotin Telephone Company (WA)
529001 McDaniel Cellular Telephone Company (U.S. Cellular) 532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	522427	Lewis River Telephone Company, Inc.
532404 Asotin Telephone Company (OR) 539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	522430	McDaniel Telephone Company
539002 USCOC of Oregon RSA #5, Inc. (U.S. Cellular) 542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	529001	McDaniel Cellular Telephone Company (U.S. Cellular)
542321 Happy Valley Telephone Company 542322 Hornitos Telephone Company	532404	Asotin Telephone Company (OR)
542322 Hornitos Telephone Company	539002	USCOC of Oregon RSA #5, Inc. (U.S. Cellular)
	542321	Happy Valley Telephone Company
542323 Winterhaven Telephone Company	542322	Hornitos Telephone Company
	542323	Winterhaven Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

		143001524				
Study Area Code (SAC An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).				
2017 SC		Norway Telephone Company Inc.				
Recertification Year	State	ETC Name				
N/A		TDS Telecommunications Corporation				
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)				
(If same as ETC name, list "N		(If same as ETC name, list "N/A" Do not leave blank)				
of same as ETC name, list "Notes the reporting comparide a list of all ETCs that are	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ET ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No (If same as ETC name, list "N/A" Do not leave blank) Yes no No (If same as ETC name, list "N/A" Do not leave blank)				
es the reporting comparide a list of all ETCs that are mined in accordance with Start or controls, is owned or controls.	(A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ET ection 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank) Yes No (1) Yes No (2) Yes No (3) Yes No (4) Yes No (5) Yes No (5) Yes No (6) Yes No (6) Yes No (7) Yes No (8) Yes No (8)				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No lo

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AKM	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	AKM

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	0	1	1	1	1	0	4
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	0	1	1	1	1	0	4

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

Кероп	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Penort the number of Lifetine subscribers de-enrolled due to incligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

ſ	1	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	1	1	1	1	0	4

J.	Name of third	party ac	dministrator	used to	verify	subscriber	eligibility:
----	---------------	----------	--------------	---------	--------	------------	--------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	1	1	0	1	0	3

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	1	0	0	1

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial		
inuiai		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

222101001	Initial	AKM

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
3	4	75.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Amanda Moore, Assistant Treasurer

Signature of Officer

amanda.moore@tdstelecom.com

Email Address of Officer

Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treas

Printed Name and Title of Officer

Jan 31, 2018

Date

608.664.2415

Contact Phone Number

TDS Tele	ecommunications LLC Affiliates
SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland & St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
100034	The West Penobscot Telephone and Telegraph Company
109002	U.S. Cellular
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company, Inc.
123321	Hollis Telephone Company, Inc.
129002	NH #1 Rural Cellular, Inc. (U.S. Cellular)
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company, Inc.
150089	Deposit Telephone Company, Inc.
150092	Edwards Telephone Company, Inc.
150114	Oriskany Falls Telephone Corporation
150118	Port Byron Telephone Company
150129	Township Telephone Company, Inc.
150133	Vernon Telephone Company, Inc.
170183	Mahanoy & Mahantango Telephone Company
170206	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190253	Virginia Telephone Company
193029	New Castle Telephone Co.
209005	Hardy Cellular Telephone Company (U.S. Cellular)
210338	Quincy Telephone Company (FL)
220338	Quincy Telephone Company (GA)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company, Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Wilmington Cellular Telephone Company
240533	McClellanville Telephone Company, Inc.
240535	Norway Telephone Co. Inc
240544	St. Stephen Telephone Company
240551	Williston Telephone Company
250284	Butler Telephone Company, Inc.
250311	Oakman Telephone Company, Inc.
250314	Peoples Telephone Company, Inc.
260411	Leslie County Telephone Company
260412	Lewisport Telephone Co.

260417	Salem Telephone Co.
280448	Calhoun City Telephone Company, Inc.
283301	Southeast Mississippi Telephone Company, Inc.
287449	Myrtle Telephone Company, Inc.
290559	Concord Telephone Exchange, Inc
290566	Humphreys County Telephone Company
290575	Tennessee Telephone Company
290578	Tellico Telephone Company, Inc.
299010	United States Cellular Operating Company of Knoxville
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communications Corporation of Michigan
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company, Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro, Inc.
320778	Home Telephone Company, Inc.
320788	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320816	S & W Telephone Company, Inc.
320829	Tipton Telephone Company, Inc.
320830	Tri-County Communications Corporation
320837	West Point Telephone Company
330844	Badger Telecom, LLC
330849	Black Earth Telephone Company, LLC.
330851	Bonduel Telephone Company, LLC.
330856	Burlington, Brighton & Wheatland Telephone Company, LLC
330859	Central State Telephone Company, LLC
330875	Dickeyville Telephone, LLC
330880	The Farmers Telephone Company, LLC
330881	Mid-Plains Telephone, LLC
330909	Midway Telephone Company, LLC
330914	EastCoast Telecom of Wisconsin, LLC
330915	Mosinee Telehphone Company
330917	Mt. Vernon Telephone Company, LLC
330930	Grantland Telecom, LLC
330930	Riverside Telecom, LLC
330945	Scandinavia Telephone Company, LLC
330945	Southeast Telephone Co. of Wisconsin, LLC
	Stockbridge & Sherwood Telephone Company, LLC
330954	State Long Distance Telephone Company
330955	Jorare Folia Distance Telephone Company

330958	Tenney Telephone Company, LLC
330963	Utelco, LLC.
330968	Waunakee Telephone Company, LLC.
339007	United States Cellular Operating Company, LLC
359016	Farmers Cellular Telephone Company, Inc. (U.S. Cellular)
361350	Arvig Telephone Company
361362	Bridge Water Telephone Co.
361413	KMP d/b/a Mid-State Telephone Company
361433	Mid-State Telephone Company
361507	Winsted Telephone Company
431984	Oklahoma Communication Systems, Inc.
432010	Mid-America Telephone, Inc.
452171	Arizona Telephone Company
452174	Southwestern Telephone Company
462184	Delta County Tele-Comm, Inc.
462207	Strasburg Telephone Company
472230	Potlatch Telephone Company, Inc.
522404	Asotin Telephone Company (WA)
522427	Lewis River Telephone Company, Inc.
522430	McDaniel Telephone Company
529001	McDaniel Cellular Telephone Company (U.S. Cellular)
532404	Asotin Telephone Company (OR)
539002	USCOC of Oregon RSA #5, Inc. (U.S. Cellular)
542321	Happy Valley Telephone Company
542322	Hornitos Telephone Company
542323	Winterhaven Telephone Company

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240536		143001525					
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) ertification form for each SAC through which it provides Lifeline service)					
2017	SC	Palmetto Rural Telephone Cooperative Inc.					
Recertification Year	State	ETC Name					
N/A		Palmetto Rural Telephone Cooperative					
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)					
es the reporting compa	any have affiliated ETCs?	Yes 💽 No 🖸					
vide a list of all ETCs that ar rmined in accordance with S	re affiliated with the reporting ETC, usin Section 3(2) of the Communications Act.	Yes No No No No No No No No No N					

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DJW
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	DJW

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	34	32	31	31	48	125	301
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	34	32	31	31	48	125	301

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

, Kepe	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report	the number	of Lifeline s	ubscribers de	e-enrolled du	e to ineligibi	lity or non-re	esponse to the	e ETC's outr	each attemp	it.	,		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	34	32	31	31	48	125	301

J.	Name of third	party adr	ninistrator	used to	verify	subscriber	eligibility
----	---------------	-----------	-------------	---------	--------	------------	-------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

/ Cps	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	20	22	22	21	24	74	183

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

Кероп	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	14	10	9	10	24	51	118

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

T	itia	. 1		

Recertification	Method:	ETC
-----------------	---------	------------

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
---------	--

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	DJW

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
183	301	60.79%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, Dewaine J Wilson, CFO Signature of Officer dewaine.wilson@prtc.coop Email Address of Officer Valerie Ancrum Person Completing This Certification Form

Dewaine J Wilson, CFO Printed Name and Title of Officer Jan 16, 2018 Date 843-538-9383

Contact Phone Number

Affiliated ETCs

SAC		Name
J. 2 V	249023	Palmetto Telephone Communications
	240020	
	A CONTRACTOR OF THE PROPERTY O	

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

249023		143022355
Study Area Code (SAC An Eligible Telecommunica		Service Provider Identification Number (SPIN) e a certification form for each SAC through which it provides Lifeline service).
2017	SC	Palmetto Telephone Communications
Recertification Year	State	ETC Name
N/A		Palmetto Rural Telephone Cooperative
DBA, Marketing, or O		Holding Company Name
(If same as ETC name, list "N		(If same as ETC name, list "N/A" Do not leave blank)
(If same as ETC name, list "Nest the reporting composite a list of all ETCs that around the control of the cont	A" Do <u>not</u> leave blank) Any have affiliated ETCs: The affiliated with the reporting EX Section 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No 🗿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DJW
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	DJW

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	4	7	4	4	7	10	36
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	4	7	4	4	7	10	36

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

<u> </u>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

Серол	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	4	7	4	4	7	12	38

J.	Name of thir	d party	administrator use	d to verify	subscriber	eligibility:
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USAC			

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	2	4	4	3	2	10	25

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	2	3	0	1	5	2	13

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
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Recertifica	tion	Method:	ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
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Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	DJW

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

$\mathbf{M} = (\mathbf{G} + \mathbf{K})$	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
25	38	65.78%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, Dewaine J. Wilson, CFO Signature of Officer dewaine.wilson@prtc.coop Email Address of Officer Valerie Ancrum Person Completing This Certification Form

Dewaine J. Wilson, CFO Printed Name and Title of Officer Jan 16, 2018 Date 843-538-9383 Contact Phone Number

Affiliated ETCs

SAC	Name
240536	Palmetto Rural Telephone Cooperative Inc.

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240538		143001526
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a certa		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).
2017	SC	Piedmont Rural Telephone Cooperative Inc.
Recertification Year State		ETC Name
N/A	ther Branding Name	Holding Company Name
N/A DBA, Marketing, or O' (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes No
N/A DBA, Marketing, or O (If same as ETC name, list "N es the reporting composite a list of all ETCs that as termined in accordance with S	I/A" Do <u>not</u> leave blank) any have affiliated ETCs? re affiliated with the reporting ET Section 3(2) of the Communication	(If same as ETC name, list "N/A" Do not leave blank)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	KEH
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	KEH

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	2	3	5	5	2	1	18
B.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	2	3	5	5	2	1	18

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

T T	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

Керол	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	2	3	5	5	2	1	18

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	2	4	1	0	0	7

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	2	1	1	4	2	1	11

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J.	Name of third	l party administrator	used to verify	subscriber eligibility:
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K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
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Recertification	Method:	ETC	۲,
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I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
7	18	38.88%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed, Kara E Horner; Controller Signature of Officer karah@prtcom.com Email Address of Officer Brandi Moon Person Completing This Certification Form

Kara E Horner; Controller Printed Name and Title of Officer Jan 23, 2018 Date 864-682-3131 Contact Phone Number

Affiliated ETCs

SAC	Name
ONC	

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240539		143001527
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) e a certification form for each SAC through which it provides Lifeline service).
2017	SC	PBT Telecom Inc.
Recertification Year	State	ETC Name
A 4 / A		COMPORIUM INC
N/A DBA, Marketing, or Ot (If same as ETC name, list "N.		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Ot (If same as ETC name, list "N		(If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Ot (If same as ETC name, list "N. es the reporting companies to a list of all ETCs that are similarly in accordance with S	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ET tection 3(2) of the Communicatio	(If same as ETC name, list "N/A" Do not leave blank) Yes No (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Ot (If same as ETC name, list "No es the reporting companied a list of all ETCs that are rained in accordance with S is or controls, is owned or controls, is owned or controls, is owned or controls.	A" Do <u>not</u> leave blank) Iny have affiliated ETCs? The affiliated with the reporting ET tection 3(2) of the Communicatio	(If same as ETC name, list "N/A" Do not leave blank) Yes No No (If same as ETC name, list "N/A" Do not leave blank) Yes No (If same as ETC name, list "N/A" Do not leave blank)

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No 🗿

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	LBS
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	LBS

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	16	12	19	14	13	34	108
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	16	12	19	14	13	34	108

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	16	12	19	14	13	34	108

J.	Name of third	party	administrator	used to	verify	subscriber	eligibility:
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K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	12	8	9	7	7	16	59

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	4	4	10	7	6	18	49

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Υ.	itig		
ın	ITIO		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	LBS

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
59	108	54.62%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

L Spearman Vice President

Signature of Officer

ben.spearman@comporium.com

Email Address of Officer

Ben Spearman

Person Completing This Certification Form

L Spearman Vice President

Printed Name and Title of Officer

Jan 29, 2018

Date

8032105528

Contact Phone Number

Affiliated ETCs

SAC		Name
	240531	Lancaster Telephone Company
	240542	Comporium Inc.
	240521	Fort Mill Telephone Company
ALBORIUS - COLOR		

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240541		143001528				
Study Area Code (SAC An Eligible Telecommunica		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).				
2017	sc	Ridgeway Telephone Company				
Recertification Year	State	ETC Name				
TruVista		CHESTER TELEPHONE COMPANY				
DBA Marketing or O	ther Branding Name	Holding Company Name				
DBA, Marketing, or O (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes No				
(If same as ETC name, list "Ness the reporting composite a list of all ETCs that as mined in accordance with states.	N/A" Do <u>not</u> leave blank) any have affiliated ETCs? re affiliated with the reporting ET Section 3(2) of the Communicatio	(If same as ETC name, list "N/A" Do not leave blank)				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	DHB
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	DHB

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	1	1	1	0	0	0	3
B.	0	0	0	0	0	0	0	1	0	0	0	0	1
C.	0	0	0	0	0	0	1	0	1	0	0	0	2

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

ſ		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
ľ	D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	1	0	1	0	0	0	2

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	1	0	1	0	0	0	2

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Ė	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	0	0	0	0	0	0	0

J.	Name of	third party	administrator	used to	verify	subscriber	eligibility:	

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report	the number	of subscribe	rs as a result	of ineligibili	ty or non-res	ponse to out	reach from a	state admini	strator, third	l party admin	istrator, or U	SAC.	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	0	0	0	0	0	0	0

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	0	0	0	0	0	0	0

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

	Rece	ertifica	tion	Method:	ETC
--	------	----------	------	---------	-----

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	DHB

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
0	2	0.0%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
David H Brunt EVP & CFO
Signature of Officer dbrunt@truvista.biz
Email Address of Officer
Person Completing This Certification Form

David H Brunt EVP & CFO
Printed Name and Title of Officer

Jan 30, 2018 Date

O / / DI NI 1.

Contact Phone Number

Affiliated ETCs

SAC		Name
	240516	Chester Telephone Company
<u></u>		

		Annua An
<u> </u>		

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240546		143002920					
Study Area Code (SAC An Eligible Telecommunica		Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service).					
2017	SC	Sandhill Telephone Cooperative Inc.					
Recertification Year	State	ETC Name					
N/A							
DBA, Marketing, or Ot (If same as ETC name, list "N		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)					
es the reporting compa	any have affiliated ETCs?	Yes No 🖸					
vide a list of all ETCs that ar rmined in accordance with S	e affiliated with the reporting ETC Section 3(2) of the Communication.	Yes No lo					

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	CLC
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	CLC

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	11	16	14	18	28	119	206
В.	0	0	0	0	0	0	0	0	0	0	0	0	0
C.	0	0	0	0	0	0	11	16	14	18	28	119	206

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	11	16	14	18	28	119	206

J.	Name of	third par	y administrator	used to	verify	subscriber	eligibility
----	---------	-----------	-----------------	---------	--------	------------	-------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

T T	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	7	8	7	9	12	39	82

Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	4	8	7	9	16	80	124

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	CLC	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
82	206	39.8%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Christopher L Chambers, CEO/Genera

Signature of Officer

lee.chambers@shtc.net

Email Address of Officer

Jeanne K Oliver

Person Completing This Certification Form

Christopher L Chambers, CEO/G

Printed Name and Title of Officer

Jan 15, 2018

Date

843-658-6845

Contact Phone Number

Affiliated ETCs

SAC	Name

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Study Area Code (SAC)		143001530				
		Service Provider Identification Number (SPIN) e a certification form for each SAC through which it provides Lifeline service).				
2017 SC Recertification Year State		St. Stephen Telephone Company				
		ETC Name				
N/A		TDS Telecommunications Corporation				
es the reporting compa	ny have affiliated ETCs?	(If same as ETC name, list "N/A" Do not leave blank) Yes No				
vide a list of all ETCs that are	e affiliated with the reporting ETC,	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly				
rmined in accordance with Se	ntrolled by, or is under common ow	nership or control with, another person." 47 U.S.C. § 153(2). See also 47				

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AKM
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	AKM
---------	---------

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	2	1	2	5	2	7	19
В.	0	0	0	0	0	0	0	0	0	0	0	1	1
C.	0	0	0	0	0	0	2	1	2	5	2	6	18

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

Кероп	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	2	1	2	5	2	6	18

J.	Name of third	party	administrator	used to	verify	subscriber	eligibility:
----	---------------	-------	---------------	---------	--------	------------	--------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

Γ	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
k	0	0	0	0	0	0	0	0	1	0	0	0	1

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	2	1	1	5	2	6	17

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initia	ıl	

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	AKM

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
1	18	5.56%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Amanda Moore, Assistant Treasurer

Signature of Officer

amanda.moore@tdstelecom.com

Email Address of Officer

Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treas

Printed Name and Title of Officer

Jan 31, 2018

Date

608.664.2415

Contact Phone Number

TDS Tele	communications LLC Affiliates
SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland & St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
100034	The West Penobscot Telephone and Telegraph Company
109002	U.S. Cellular
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company, Inc.
123321	Hollis Telephone Company, Inc.
129002	NH #1 Rural Cellular, Inc. (U.S. Cellular)
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company, Inc.
150089	Deposit Telephone Company, Inc.
150092	Edwards Telephone Company, Inc.
150114	Oriskany Falls Telephone Corporation
150118	Port Byron Telephone Company
150129	Township Telephone Company, Inc.
150133	Vernon Telephone Company, Inc.
170183	Mahanoy & Mahantango Telephone Company
170206	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190253	Virginia Telephone Company
193029	New Castle Telephone Co.
209005	Hardy Cellular Telephone Company (U.S. Cellular)
210338	Quincy Telephone Company (FL)
220338	Quincy Telephone Company (GA)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company, Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Wilmington Cellular Telephone Company
240533	McClellanville Telephone Company, Inc.
240535	Norway Telephone Co. Inc
240544	St. Stephen Telephone Company
240551	Williston Telephone Company
250284	Butler Telephone Company, Inc.
250311	Oakman Telephone Company, Inc.
250314	Peoples Telephone Company, Inc.
260411	Leslie County Telephone Company
260412	Lewisport Telephone Co.

260417	Salem Telephone Co.
280448	Calhoun City Telephone Company, Inc.
283301	Southeast Mississippi Telephone Company, Inc.
287449	Myrtle Telephone Company, Inc.
290559	Concord Telephone Exchange, Inc
290556	Humphreys County Telephone Company
290575	Tennessee Telephone Company
290578	Tellico Telephone Company, Inc.
299010	United States Cellular Operating Company of Knoxville
300585	Arcadia Telephone Company
300585	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communications Corporation of Michigan
310677	Island Telephone Company
310677	Chatham Telephone Company
310726	Shiawassee Telephone Company
310728	Wolverine Telephone Company
320744	Camden Telephone Company, Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro, Inc.
320777	Home Telephone Company, Inc.
320788	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320816	S & W Telephone Company, Inc.
320829	Tipton Telephone Company, Inc.
320830	Tri-County Communications Corporation
320837	West Point Telephone Company
330844	Badger Telecom, LLC
330849	Black Earth Telephone Company, LLC.
330851	Bonduel Telephone Company, LLC.
330856	Burlington, Brighton & Wheatland Telephone Company, LLC
330859	Central State Telephone Company, LLC
330875	Dickeyville Telephone, LLC
330880	The Farmers Telephone Company, LLC
330881	Mid-Plains Telephone, LLC
330909	Midway Telephone Company, LLC
330914	EastCoast Telecom of Wisconsin, LLC
330915	Mosinee Telehphone Company
330917	Mt. Vernon Telephone Company, LLC
330930	Grantland Telecom, LLC
330943	Riverside Telecom, LLC
330945	Scandinavia Telephone Company, LLC
330952	Southeast Telephone Co. of Wisconsin, LLC
330954	Stockbridge & Sherwood Telephone Company, LLC
330955	State Long Distance Telephone Company

330958	Tenney Telephone Company, LLC
330963	Utelco, LLC.
330968	Waunakee Telephone Company, LLC.
339007	United States Cellular Operating Company, LLC
359016	Farmers Cellular Telephone Company, Inc. (U.S. Cellular)
361350	Arvig Telephone Company
361362	Bridge Water Telephone Co.
361413	KMP d/b/a Mid-State Telephone Company
361433	Mid-State Telephone Company
361507	Winsted Telephone Company
431984	Oklahoma Communication Systems, Inc.
432010	Mid-America Telephone, Inc.
452171	Arizona Telephone Company
452174	Southwestern Telephone Company
462184	Delta County Tele-Comm, Inc.
462207	Strasburg Telephone Company
472230	Potlatch Telephone Company, Inc.
522404	Asotin Telephone Company (WA)
522427	Lewis River Telephone Company, Inc.
522430	McDaniel Telephone Company
529001	McDaniel Cellular Telephone Company (U.S. Cellular)
532404	Asotin Telephone Company (OR)
539002	USCOC of Oregon RSA #5, Inc. (U.S. Cellular)
542321	Happy Valley Telephone Company
542322	Hornitos Telephone Company
542323	Winterhaven Telephone Company
J-12020	

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240550		143001531					
Study Area Code (SAC An Eligible Telecommunicat	•	Service Provider Identification Number (SPIN) a certification form for each SAC through which it provides Lifeline service					
2017	SC	West Carolina Rural Telephone Cooperative Inc					
Recertification Year	State	ETC Name					
N/A							
DDA Moultating - Ot	1 - D - 1'- NI	II. II' C Norma					
DBA, Marketing, or Ot (If same as ETC name, list "N.		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)					
(If same as ETC name, list "N							
(If same as ETC name, list "Notes the reporting company vide a list of all ETCs that arrownined in accordance with St	MA" Do not leave blank) Any have affiliated ETCs? The affiliated with the reporting ETC, decision 3(2) of the Communications	(If same as ETC name, list "N/A" Do not leave blank)					

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No 🖸

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	LAT	
Initial		

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	LAT

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
A.	0	0	0	0	0	0	6	9	5	6	11	18	55
B.	0	0	0	0	0	0	0	3	1	1	1	1	7
C.	0	0	0	0	0	0	6	6	4	5	10	17	48

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

E. Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

T T	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to ineligibility or non-response to the ETC's outreach attempt

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
H.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

I. Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

ſ	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	6	9	5	6	11	18	55

J.	Name of this	rd party	administrator use	d to verify	subscriber	eligibility:
----	--------------	----------	-------------------	-------------	------------	--------------

USAC			

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
ŀ	ζ.	0	0	0	0	0	0	1	6	2	1	2	8	20

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

teport the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	5	3	3	5	9	10	35

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial LAT

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

$\mathbf{M} = (\mathbf{G} + \mathbf{K})$	N = (D+F+I)	O = M/N*100
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
20	55	36.36%

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Lance A Tade, Chief Financial Officer

Signature of Officer

lance.tade@wctel.com

Email Address of Officer

Kerri Hall

Person Completing This Certification Form

Lance A Tade, Chief Financial O

Printed Name and Title of Officer

Jan 23, 2018

Date

864-446-2111

Contact Phone Number

Affiliated ETCs

SAC	Name
	A CONTRACTOR OF THE CONTRACTOR
	4400

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

240551		143001532					
Study Area Code (SAC An Eligible Telecommunicat		Service Provider Identification Number (SPIN) rovide a certification form for each SAC through which it provides Lifeline service).					
2017	sc	Williston Telephone Company					
Recertification Year	State	ETC Name					
N/A		TDS Telecommunications Corporation					
DBA, Marketing, or Ot (If same as ETC name, list "No		Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)					
(If same as ETC name, list "N	/A" Do <u>not</u> leave blank)	(If same as ETC name, list "N/A" Do not leave blank)					
es the reporting compa	(A" Do <u>not</u> leave blank) Iny have affiliated E e affiliated with the reporti	(If same as ETC name, list "N/A" Do not leave blank) TCs? Yes No No TCs: No No No No No No No No No N					
es the reporting compa vide a list of all ETCs that armined in accordance with Sist or controls, is owned or coi	(A" Do <u>not</u> leave blank) Iny have affiliated E e affiliated with the reporti	(If same as ETC name, list "N/A" Do not leave blank) TCs? Yes No No ing ETC, using page 4 and additional sheets if necessary. Affiliation shall be incations Act. That Section defines "affiliate" as "a person that (directly or indirectly,					

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes No 🙆

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

	AKM
Initial	

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial	AKM

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- Subscribers eligible for recertification by anniversary month
- Subscribers de-enrolled prior to recertification attempts
- Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Α.	0	0	0	0	0	0	4	0	1	2	0	3	10
В.	0	0	0	0	0	0	0	0	0	0	0	1	1
C.	0	0	0	0	0	0	4	0	1	2	0	2	9

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

Report the number of eligible subscribers verified through access to a state or federal database

Report	the number	of eligible s	ubscribers ve	rified throug	h access to a	state or fede	ral database.			,	,	·	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
D.	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of the data source(s) used to verify consumer eligibility:

ETC Direct Contact

Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

Report the number of Lifeline subscribers the ETC contacted directly to obtain recertification of eligibility

T T	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
F.	0	0	0	0	0	0	0	0	0	0	0	0	0

G. Subscribers who failed to recertify through ETC direct outreach attempt

Report the number of Lifeline subscribers de-enrolled due to incligibility or non-response to the ETC's outreach attempt

Copon	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
G.	0	0	0	0	0	0	0	0	0	0	0	0	0

H. Subscribers who recertified through ETC direct outreach attempt

Report the number of Lifeline subscribers that successfully recertified through ETC's outreach attempt.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Н.	0	0	0	0	0	0	0	0	0	0	0	0	0

Third Party

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
I.	0	0	0	0	0	0	4	0	1	2	0	2	9

J.	Name of	third party	administrator	used to	verify	subscriber	eligibility:
----	---------	-------------	---------------	---------	--------	------------	--------------

USAC

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
K.	0	0	0	0	0	0	2	0	0	0	0	0	2

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

Report the number of subscribers that recertified through a request from a state administrator, third party administrator, or USAC

Керол	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
L.	0	0	0	0	0	0	2	0	1	2	0	2	7

Certification:

Recertification Method: Database

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Ĭn	itial		

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	AKM	

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

M = (G+K)	N = (D+F+I)	O = M/N*100	
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled	
2	9	22.22%	

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Amanda Moore, Assistant Treasurer
Signature of Officer
amanda.moore@tdstelecom.com
Email Address of Officer
Nicole Mauritz

Person Completing This Certification Form

Amanda Moore, Assistant Treas

Printed Name and Title of Officer

Jan 31, 2018

Date

608.664.2415

Contact Phone Number

TDS Tele	ecommunications LLC Affiliates
SAC	Name
100005	Cobbosseecontee Telephone Company
100007	The Island Telephone Company
100010	Hampden Telephone Company
100011	Hartland & St. Albans Telephone Company
100024	Somerset Telephone Company
100031	Warren Telephone Company
100034	The West Penobscot Telephone and Telegraph Company
109002	U.S. Cellular
120045	Kearsarge Telephone Company
120047	Merrimack County Telephone Company
120049	Union Telephone Company
120050	Wilton Telephone Company, Inc.
123321	Hollis Telephone Company, Inc.
129002	NH #1 Rural Cellular, Inc. (U.S. Cellular)
140058	Ludlow Telephone Company
140061	Northfield Telephone Company
140062	Perkinsville Telephone Company, Inc.
150089	Deposit Telephone Company, Inc.
150092	Edwards Telephone Company, Inc.
150114	Oriskany Falls Telephone Corporation
150118	Port Byron Telephone Company
150129	Township Telephone Company, Inc.
150133	Vernon Telephone Company, Inc.
170183	Mahanoy & Mahantango Telephone Company
170206	Sugar Valley Telephone Company
190217	Amelia Telephone Corporation
190253	Virginia Telephone Company
193029	New Castle Telephone Co.
209005	Hardy Cellular Telephone Company (U.S. Cellular)
210338	Quincy Telephone Company (FL)
220338	Quincy Telephone Company (GA)
220346	Blue Ridge Telephone Company
220351	Camden Telephone and Telegraph Company, Inc.
220375	Nelson-Ball Ground Telephone Company
239006	Wilmington Cellular Telephone Company
240533	McClellanville Telephone Company, Inc.
240535	Norway Telephone Co. Inc
240544	St. Stephen Telephone Company
240551	Williston Telephone Company
250284	Butler Telephone Company, Inc.
250311	Oakman Telephone Company, Inc.
250314	Peoples Telephone Company, Inc.
260411	Leslie County Telephone Company
260412	Lewisport Telephone Co.

200417	Solom Tolonhono Co
260417	Salem Telephone Co.
280448	Calhoun City Telephone Company, Inc.
283301	Southeast Mississippi Telephone Company, Inc.
287449	Myrtle Telephone Company, Inc.
290559	Concord Telephone Exchange, Inc
290566	Humphreys County Telephone Company
290575	Tennessee Telephone Company
290578	Tellico Telephone Company, Inc.
299010	United States Cellular Operating Company of Knoxville
300585	Arcadia Telephone Company
300607	Continental Telephone Company
300613	Little Miami Communications Corporation
300645	Oakwood Telephone Company
300662	The Vanlue Telephone Company
310672	Communications Corporation of Michigan
310677	Island Telephone Company
310685	Chatham Telephone Company
310726	Shiawassee Telephone Company
310738	Wolverine Telephone Company
320744	Camden Telephone Company, Inc.
320776	Communications Corporation of Indiana
320777	The Home Telephone Company of Pittsboro, Inc.
320778	Home Telephone Company, Inc.
320788	The Merchants and Farmers Telephone Company
320809	Communications Corporation of Southern Indiana
320816	S & W Telephone Company, Inc.
320829	Tipton Telephone Company, Inc.
320830	Tri-County Communications Corporation
320837	West Point Telephone Company
330844	Badger Telecom, LLC
330849	Black Earth Telephone Company, LLC.
330851	Bonduel Telephone Company, LLC.
330856	Burlington, Brighton & Wheatland Telephone Company, LLC
330859	Central State Telephone Company, LLC
330875	Dickeyville Telephone, LLC
330880	The Farmers Telephone Company, LLC
330881	Mid-Plains Telephone, LLC
330909	Midway Telephone Company, LLC
330914	EastCoast Telecom of Wisconsin, LLC
330915	Mosinee Telehphone Company
330917	Mt. Vernon Telephone Company, LLC
330930	Grantland Telecom, LLC
330943	Riverside Telecom, LLC
330945	Scandinavia Telephone Company, LLC
330952	Southeast Telephone Co. of Wisconsin, LLC
330954	Stockbridge & Sherwood Telephone Company, LLC
330955	State Long Distance Telephone Company

Tenney Telephone Company, LLC
Utelco, LLC.
Waunakee Telephone Company, LLC.
United States Cellular Operating Company, LLC
Farmers Cellular Telephone Company, Inc. (U.S. Cellular)
Arvig Telephone Company
Bridge Water Telephone Co.
KMP d/b/a Mid-State Telephone Company
Mid-State Telephone Company
Winsted Telephone Company
Oklahoma Communication Systems, Inc.
Mid-America Telephone, Inc.
Arizona Telephone Company
Southwestern Telephone Company
Delta County Tele-Comm, Inc.
Strasburg Telephone Company
Potlatch Telephone Company, Inc.
Asotin Telephone Company (WA)
Lewis River Telephone Company, Inc.
McDaniel Telephone Company
McDaniel Cellular Telephone Company (U.S. Cellular)
Asotin Telephone Company (OR)
USCOC of Oregon RSA #5, Inc. (U.S. Cellular)
Happy Valley Telephone Company
Hornitos Telephone Company
Winterhaven Telephone Company